



County of San Bernardino

F A S

**STANDARD CONTRACT**

**FOR COUNTY USE ONLY**

E	New	Vendor Code			Dept.	Contract Number	
M	<input checked="" type="checkbox"/> Change				SC	90-116-A5	
X	Cancel					A	
County Department				Dept.	Orgn.	Contractor's License No.	
County Administrative Office							
County Department Contract Representative				Ph. Ext.		Amount of Contract	
William H. Randolph				387-5418			
Fund	Dept.	Organization	Appr.	Obj/Rev Source	Activity	GRC/PROJ/JOB Number	
AAA	CAO	010	100	1010			
Commodity Code			I/D	Estimated Payment Total by Fiscal Year			
Project Name				FY	Amount	I/D	FY

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name Pamela K Milligan

hereinafter called Contractor

Address 2646 Kadema Drive

Sacramento, CA 95864

Phone (916) 482-3818 Birth Date 1/31/60

Federal ID No. or Social Security No. 275-64-8467

**IT IS HEREBY AGREED AS FOLLOWS:**

*(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)*

Effective April 23, 2001, paragraph 2 is amended to read as follows:

- For and in consideration of Contractor's services, County agrees to pay Contractor, and Contractor agrees to accept the salary rate of Range 76, Step 11 of the County Salary schedule.

Effective April 23, 2001, paragraph 12, which was added by amendment #3 effective December 21, 1996, is amended to read as follows:

- Notwithstanding the provisions of paragraph 2, Contractor shall be eligible to receive the same across-the-board salary increases that are provided to regular County employees in the Exempt Group.

All other terms and conditions remain unchanged.

COUNTY OF SAN BERNARDINO

\_\_\_\_\_  
(Print or type name of corporation, company, contractor, etc.)

► \_\_\_\_\_  
Fred Aguiar, Chairman, Board of Supervisors

By ► \_\_\_\_\_  
(Authorized signature - sign in blue ink)

Dated: \_\_\_\_\_

Name \_\_\_\_\_  
(Print or type name of person signing contract)

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Title \_\_\_\_\_  
(Print or Type)

Clerk of the Board of Supervisors of the County of San Bernardino.

Dated: \_\_\_\_\_

By \_\_\_\_\_  
Deputy

Address \_\_\_\_\_  
\_\_\_\_\_

Approved as to Legal Form

Reviewed by Contract Compliance

Reviewed for Processing

► \_\_\_\_\_  
County Counsel

► \_\_\_\_\_

► \_\_\_\_\_  
Agency Administrator/CAO

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_